



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. Incident Id: I-2024070002

2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/20/2024

4. Time of Incident (use 24-hour time):
18:45

5. Enter National Response Center Report Number
(if applicable):

6. If you submitted a report to another Federal DOT agency, enter
the agency and report number:

7. Location of Incident:

City: Orange
County: ORANGE
State: TX

Zip Code: (if known): 77632

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
12532 FM 1442

8. Mode of Transportation: Highway

9. Transportation Phase: Loading

10. Carrier/Reporter:

Name: SOUTHEASTERN FREIGHT LINES, INC.
Street: 420 DAVEGA DR
City: LEXINGTON
State: SC
Zip Code: 29073-7485

Federal DOT Id Number: 63419

Hazmat Registration Number: 050124550189GI

11. Shipper/Offeror:

Name: CHEM TREAT
Street: 4200N TWIN CITY HWY
City: Nederland
State: TX
Zip Code: 77627

Waybill/Shipping Paper: 342966235

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 5151 E RAINES RD
City: Memphis
State: TN
Zip Code: 38118

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.

15. Technical/Trade Name: SULFURIC ACID AND PHOSPHORIC ACID

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3264

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 200 Liquid - Gallon
- 20. Was the material shipped as a hazardous waste?** False
If yes, provide the EPA Manifest Number:
- 21. Is this a Toxic by Inhalation (TIH) material?** False
If yes, provide the Hazard Zone:
- 22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?** False
If yes, provide the Exemption, Approval, or CA number:
- 23. Was this an undeclared hazardous materials shipment?** False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
IBC

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Forklift Accident

26a. Provide the packaging identification markings, if available.

Identification Markings:

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Packaging Type: IBC Material of Construction: Metal Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Package Capacity: 275 Liquid - Gallon Amount in Package: 275 Liquid - Gallon Number in Shipment: 2 Number Failed: 2	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate:	
Manufacturer: Serial Number: Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: (if Tank Car, CTMV, Portable Tank) Shell Thickness: (if Tank Car, CTMV, Portable Tank) Head Thickness: (if Tank Car, CTMV) Service Pressure: (if Cylinder) If valve or device failed: Type: Model: Manufacturer:	Manufacture Date: Last Test Date:
29. If the packaging is for Radioactive Materials, complete the following:	
Packaging Category: Packaging Certification: Certification Number: Nuclide(s) Present: Activity: Critical Safety Index:	Transport Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | False | | |

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

- Fire/EMS Report #: False
Police Report #: False
In-house cleanup: False
Other Cleanup: True

32. Damages Was the total damage cost more than \$500? False

- If yes, enter the following information: (If no, go to question 33.)
- | | |
|---------------------------|---------|
| Material Loss: | \$ 0.00 |
| Carrier Damage: | \$ 0.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 0.00 |
| Remediation/Cleanup Cost: | \$ 0.00 |
- (See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

- If yes, enter the number of fatalities resulting from the hazardous material:
- Employees:
Responders:
General Public:

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

34. Did the hazardous material cause or contribute to personal injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

- Employees:
Responders:
General Public:

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

- Employees:
Responders:
General Public:

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

- Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated: 0
Duration of the evacuation:

36. Was a major transportation artery or facility closed? False

If yes, how many?

37. Was the material involved in a crash or derailment? False

If yes, provide the following information:

- Estimated speed (mph):
Weather conditions:
Vehicle overturned?
Vehicle left roadway/track?

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- | | |
|--|--|
| - Shipment had not been transported | - Transported by air (first flight) |
| - Transport by air (subsequent flights) | - Initial transport by highway to cargo facility |
| - Transfer at sort center/cargo facility | |

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

At approximately 18:25hrs 6/20/2024, Southeastern Freight Lines employee reversed a forklift out of trailer onto the loading dock and turned around when he pulled forward, he accidentally punctured a 275-gallon tote IBC containing UN3264 product with the forks of the forklift this put a one-foot gash on the bottom corner of the tote. Causing approximately 200 gallons of product to be released on the loading dock, apron and parking lot. The forklift operator and out bound operations manager applied floor dry attempting to contain the product. The tote was maneuvered on its side in efforts to stop the spillage. None of the chemicals were near or entered any type of drain system. Southeastern Freight Lines Safety was notified approximately at 18:45hrs. Hazmat one was notified approximately at 18:54hrs. Hazmat contracted Oil Mop to the spillage Oil Mop arrived at the premises at approximately 20:36hrs. and advised most of the product has already dried up so they are going to start getting neutralizer down on it, put absorbent, and recoup it into poly drums. There is about 60-70g left in the old tote that they are going to transfer into a new tote and will dispose of the old one. 20:36hrs Hazmat one notified the Texas Spill Reporting Hotline at 800-832-8224 and spoke with Anthony he will notify region 10 the Report#20242263. 06/21/2024 15:20hrs Mop Oil called and said that they have finished cleaning the parking lot. They have moved inside and have sodium bicarb down on the floor. They will get all of this swept up and then must finish transferring the remaining product out of the tote. They are taking 4-drums with them for disposal and will have to return to get the tote of product later.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

forklift operations.

PART VIII – CONTACT INFORMATION

Contact's Name:	ROBERT GARZA
Contact's Title:	SAFETY SPECIALIST
Business Name and Address:	9199 W. HARDY ROAD 420 DAVEGA RD Lexington SC 29073
E-mail Address:	Robert.garza@SEFL.com
Telephone Number:	(713)-695-0078
Fax Number:	
Hazmat Registration Number:	
Date:	06/24/2024
Preparer is:	Carrier